

STATE OF IDAHO – STARS INTERAGENCY BILLING INPUT

SECTION A - AGENCY NAME (BILLING AGY)					AGENCY CODE	CONTACT NAME	PHONE #	DOCUMENT DATE	CUR DOCUMENT #
SFX	TC/ RVS	INDEX/ PCA	SEC AGY	SUBSIDIARY	REV SUBOBJ	AMOUNT	INVOICE DESCRIPTION		
SECTION B – THIS SECTION CONTAINS THE DESCRIPTION AND PRICE OF MATERIALS AND SERVICES SUPPLIED									
DESCRIPTION								AMOUNT	
TOTAL									

SECTION C - AGENCY NAME (PAYING AGY)					AGENCY CODE	CONTACT NAME	PHONE #	DATE	CUR DOCUMENT #	
SFX	TC/ RVS	INDEX /PCA	SEC AGY	SUBSIDIARY	EXP SUBOBJ	AMOUNT	PROP#/COMP	INVOICE#	VENDOR#/SFX	G = GRANT/PH P = PROJECT/PH
TOTAL										

PAYING AGENCY'S AUTHORIZED SIGNATURE _____ DATE _____